



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW LAGRANGE HOSPITAL

City of Hospital: LaGrange

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the
Report: Vickie Stanski

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Medicare Provider Number: 15-1323

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$17560208
Outpatient Patient Service Revenue	\$47630138
Total Gross Patient Service Revenue	\$65190346

2. Deductions From Revenue

Contractual Allowance	\$32414378
Other Deductions	\$2433191
Total Deductions	\$34847569

3. Total Operating Revenue

Net Patient Service Revenue	\$30342777
Other Operating Revenue	\$1281800
Total Operating Revenue	\$31624577

4. Operating Expenses

Salaries and Wages	\$8202914	Employee Benefits	\$2745341
Depreciation and Amortization	\$1806408	Interest Expense	\$255934
Bad Debt	\$3399162	Other Expenses	\$13662085
Total Operating Expenses	\$30071844		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1552733	Total Assets	\$29431400
Net Non-operating Gains over Loss	\$1054	Total Liabilities	\$29431400
Total Net Gains	\$1553787		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$22600223	\$13809387	\$8790836
Medicaid	\$7482428	\$6218281	\$1264147
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$35107695	\$14819901	\$20287794
Total	\$65190346	\$34847569	\$30342777

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$62143	\$-62143

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$581	\$-581

Hospital Patients	\$0	\$0	\$0
Community Education	\$12047	\$116635	\$-104588

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	23066
Number of Citizens Exposed to Health Education Messages	9315

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$856632	
HCI Payments	\$0		
Subtotal	\$0	\$856632	\$-856632
Medicaid Shortfalls	\$1171467	\$2634271	
Subtotal	\$1171467	\$3490903	\$-2319436
DSH Payments	\$0		
Subtotal	\$1171467	\$3490903	\$-2319436
Medicare Shortfalls	\$8747971	\$7956657	
Other Government Programs	\$0	\$0	
Total	\$9919438	\$11447560	\$-1528122

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1914714	\$-1914714
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$1821	\$-1821

